

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1.
 - a. Whether there should be reimbursement for date of service 12/21/01.
 - b. The request was received on 05/20/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60 and Request for Medical Dispute Resolution
 - b. HCFAs-1500
 - c. EOBs
 - d. Letter to Compliance and Practice
 - e. Medical Records
 - f. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. TWCC 60 and Response to a Request for Dispute Resolution
 - b. HCFAs-1500
 - c. EOBs
 - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 06/25/02. Per Rule 133.307 (g) (4), the carrier representative signed for the copy on 06/28/02. The response from the insurance carrier was received in the Division on 05/23/02. Based on 133.307 (i) the insurance carrier's response is timely.
4. Notice of a Letter Requesting Additional Information is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: Letter dated 06/11/02
"The carrier has denied procedure 76000-WP as part of another procedure in error. Fluoroscopy is not included in the professional service codes submitted ... it has been well established and proven through numerous research studies that injecting the epidural space blindly is far less effective and puts the patient at an unnecessary risk. The fluoroscopy is medically necessary to properly perform this procedure and to properly

place the needle in the appropriate space...The description of 62282 does not include fluoroscopic guidance and the code is payable separately.”

2. Respondent: Letter dated 05/23/02
“In response to the medical dispute resolution, CPT code 76000 was disallowed because services were included in the listed value of the surgical procedure.”

IV. FINDINGS

1. Based on Commission Rule 133.307 (d) (1) (2), the only date of service eligible for review is 12/21/01.
2. This decision is being written based on the documentation that was in the file at the time it was assigned to this Medical Dispute Resolution Officer. Per the provider’s TWCC-60, the amount billed is \$300.00; the amount paid is \$0.00; the amount in dispute is \$110.00.
3. The carrier denied the billed services by code, “G – DISALLOWED; SERVICES INCLUDED IN THE LISTED VALUE OF THE SURGICAL PROCEDURE.” The provider sent a letter to the Compliance and Practices Division of TWCC on 05/16/02 accusing the carrier of violating Rule 133.304 (I), “failure to respond to ‘Request for Reconsideration’ claims within 21 days of receipt...”
4. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
12/21/01	76000-WP	\$300.00	\$0.00	G	\$110.00	MFG SGR (II) (A), (B) (1); Advisory 97-01 CPT descriptor	Advisory 97-01 states “If a health care provider believes fluoroscopic assistance (fluoroscopy) is medically necessary when performing an injection on a particular patient, and it is not included in the procedure, the provider shall bill the appropriate CPT code for the injection and the appropriate CPT code for the fluoroscopic assistance.” The provider billed the correct CPT code of 76000-WP for fluoroscopy as a separate procedure per the CPT descriptor. The carrier denied CPT code 76000-WP as being global to surgical procedure, CPT code 62282, which is a starred procedure. The MFG SGR states that the global fee concept cannot be applied to starred surgical procedures. The provider does meet the criteria of Advisory 97-01 by documenting the medical need of the fluoroscopy. CPT code 76000 is not global to CPT code 62282. Reimbursement in the amount of \$110.00 is recommended.
Totals:		\$300.00	\$0.00				The Requestor is entitled to reimbursement in the amount of \$110.00 .

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$110.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 30th day of October 2002.

Donna M. Myers
Medical Dispute Resolution Officer
Medical Review Division